

Express Mail No.: ED 572755693 US
Date of Deposit: February 3, 2005



Attorney Docket No. Cura374 CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Taupier et al.
SERIAL NUMBER: 10/624,932 EXAMINER: Christopher J Nichols
FILING DATE: July 21, 2003 ART UNIT: 1647
FOR: NOVEL PROTEINS AND NUCLEIC ACIDS ENCODING SAME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313.1450

PETITION FOR EXTENSION OF TIME

Pursuant to 37 C.F.R. § 1.136(a), applicants hereby petition for a three-month extension of time to respond to the Office Communication, mailed July 19, 2004 in the above-identified application. With the extension, the response is due on or before January 19, 2005. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 502648 Reference No. Cura 374 CON. Applicant claims small entity status (37 CFR 1.27).

Respectfully submitted,

Wendy L. Davis, Reg. No. 38,427
Agent for Applicants
CuraGen Corporation
555 Long Wharf Drive
New Haven, CT 06511
Tel: (203) 974-6310
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Adjustment date: 02/22/2005 AKELLEY
02/09/2005 HGUTEMA1 00000045 502648 10624932
02 FC:2253 510.00 CR

Dated: February 3, 2005

02/09/2005 HGUTEMA1 00000045 502648 10624932
02 FC:2253 510.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>2/16/05</u>		2 Serial/Patent # <u>10624932</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	EXT	2/3/05	\$ 510.00							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 510.00							
10 REASON:		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">8</td> </tr> </table>			5	0	--	2	6	4	8
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<p>EOT wasn't timely filed.</p>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>LChase</u>		PHONE: <u>272-3206</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>		DATE: <u>2/22/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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